## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000082118 (6)

CHERRY TREE CAPITAL CORP.

Principal Place of Business

Mailing Address

FILED

98 JAN 22 PH 12: 3?

SECRETARY OF STATE TALLAHASSEE, FLORIDA



1429 SPICKELL AVENUE 8TH PROOR MIAMI FL 33131		1420 BRIGHELL AVENUE BTH ELSOR MIAMI FL 93131		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  10/04/1996	
2. Principal P	Place of Business	2a. Mailing Address 26 (M/)		4. FEI Number 65-0703926	Applied For Not Applicable
Suite, Ap	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22	10:92 2/D	27		5. Certificate of Status Desired	Fee Required
City & Stay	i.mif	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip <b>3</b>	156 25 13-413	Zip <b>3</b>	Country	This corporation owes or has paid the currer     Personal Property Tax due June 30.	
	9, Name and Address of Current R	egistered Agent	81 Name	10. Name and Address of New Registered Ag	ent
1420 SRICKELL AVENUE  82 Street Address (P.O. Box Number is Not acceptable)  83 Street Address (P.O. Box Number is Not acceptable)  84 City / Am.   FL   85 3 Fip Code    11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registere					
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature. Typed or primed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
12.	OFFICERS AND D	IRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND D	RECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE	7895 SW 104 street	Change Addition
NAME	LITTMAN, ERIC P		1.2 NAME		
STREET ADDRESS	1420-DRIGHTH-AVENUE-OTH-E	LOOR	1.3 STREET ADDRESS	(of 200, 6, 27/5)	
CITY-ST-ZIP TITLE	MIAMI FE-82131	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	101Nia. Je 03/51	Change Addition
NAME		<u></u> beech	2.2 NAME	<u> </u>	
STREET ADDRESS			2.3 STREET ADDRESS	<b>600002408</b> 9 -01/22/9801	3551
CITY-ST-ZIP			2.4 CITY-ST-ZIP	-01/22/9801 ***6150.00_	U65U26
TITLE		DELETE	3.1 TITLE	***************************************	Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST- ZIP		
TITLE		L DELETE	4.1 TITLE		Change 🔲 Addition
NAME			4. 2 NAME	ND	ا ط
STREET ADDRESS			4.3 STREET ADDRESS	427-	-UV
CITY-ST-ZIP		T priest	4.4 CITY-ST-ZIP	1/6	1
TITLE		☐ DELETE	5.1 TITLE	`	Change L Addition
NAME OTOGET LIBERTON			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	5.4 CITY - ST - ZIP		Change Addising
NAME			6.1 TITLE		Change    Addition
			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
14. I hereby c	ertify that the information supplied with the	nis filing does not qualify for t	6.4 City-St-ZiP	d in Section 119 07/3\(\)(i) Florida Statutes, Uturther certifi	that the information
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and daccurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.					

10/00